

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15847

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4542**

1. PLACE OF DEATH:

(a) County
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **Charles P. Baum**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **April 5, 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 1 8 hr. min.

9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Cabinet Maker**

11. Industry or business **George Baum**

12. Name **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown Rupenthal**
(City, town, or county) (State or foreign country)

15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles C. Baum**
(b) Address **2856 Arlington Ave.**

17. (a) **Burial** (b) Date thereof **May 19, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany Cemetery**

18. (a) Signature of funeral director **Bensick-Nichaus**

(b) Address **1431 Union Blvd.**

19. (a) **MAY 15 1943** (b) **J. F. Bredick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2856 Arlington Ave.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **13th**
year **1943** hour **9:50** minute **A.** M.

21. I hereby certify that I attended the deceased from
....., 19....., to 19.....

that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death **Gunshot wound of head**
self inflicted, in his home, May 9th
1943, about 11:00 A.M.

Due to **SUICIDE.**

Due to **164**

Other conditions **164**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident **SUICIDE**

(b) Date of occurrence **5-9-1943**

(c) Where did injury occur? **St. Louis Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work? (Specify type of place) (e) Means of injury

23. Signature **Thomas F. Kellman**

Address **St. Louis** Date signed **5-15-43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Frank Proby, Registered Apprentice No. 339,
working under my personal supervision.

Signed

William J. Hiron

Licensed Embalmer No.

4319

P. O. Address

St. Louis Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.